

ST. GERMANS RURAL DISTRICT COUNCIL

Annual Report

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1952

P. J. FOX, M.B., B.Ch., B.A.O., D.P.H.

ST. GERMANS RURAL DISTRICT.

THE ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE
YEAR 1952.

- - - - -

Mr.Chairman, Ladies and Gentlemen,

In presenting my Annual Report for the year 1952 my first and most obvious duty is to comment on the general health of the population which resides in the six County Districts which make up Health Area No.7. I should like to make it clear at the outset that much of what I have to say in this respect is based not on incontrovertible facts and figures, but on opinions and impressions I have formed while living, and working amongst the people of this part of Cornwall. The more obvious matters of being born, of dying, of contracting infectious disease can be measured with some degree of precision, and their impact upon the community can be compared with that of previous years or that of other communities in the same year. For matters of life and death our yardstick is reasonably effective but for assessing the relationship of health, or more often the lack of it, to normal day-to-day living, we are driven back to some extent on speculation and guesswork. We know from the heavy demands placed upon the National Health Service that there is a great deal of chronic ill-health, much of it vague in character, and based upon psychological disorders. These latter exist as one of the undesirable by-products of our modern civilisation, with its diverse anxieties, and its increased tempo of living, and there does not at present seem to be any obvious or easily available remedy. It would not however be reasonable to dismiss the problem on such a pessimistic note, without making some effort to solve it, but before doing so we must know more of its nature and extent. To collect this information is a task of very great magnitude, since the manifestations of chronic ill-health have an almost infinite variety and its roots may be tangled and deep in human experience. Nevertheless if any worthwhile advance is to be made in our endeavours to tackle this problem, we must somehow or other gain the knowledge which will enable us to plan the eradication of this type of disease in the same way in which we have disposed of those more obvious diseases which used to cause so much human suffering and loss of life.

From the figures which are available to me, and my personal impressions, it appears to me that the health of the community in South East Cornwall was up to average during 1952. The population of the Area showed a decrease of 497 as compared with 1951, the total estimated mid-year population being 53,520. The County Districts showing decreases were St.Germans Rural District, Torpoint Urban District, Liskeard Borough and Looe Urban, whilst Liskeard Rural District and Saltash Borough showed small increases in population. The total numbers of births 742 shows a small increase over the 1951 figure and the birth rate shows a corresponding small increase. The total number of deaths 709 shows a decrease as compared with the 1951 figure of 726, and the death rate is below the 1951 rate. The rates for maternal mortality, and infant mortality show small increases as compared with those of 1951, but the numbers are not large enough to allow of any useful deductions being drawn. As far as the principal well-defined causes of death are concerned heart disease again figures as the most prominent cause of death, with cancer as the next most common disease, followed by cerebral vascular lesions (stroke). In 1952 heart disease caused 39% of the total deaths a small reduction over the 1951 figure of 41%. On the other hand cancer as a cause of death has shown an absolute increase from 92 in 1951 to 102 in 1952, representing a relative increase from 12.6% to 14.4% of the total deaths. Figures for the Area and its constituent County Districts appear in more detail as Appendix 1 of this report. This year I have compiled an additional appendix - Appendix 2 - which provides a more detailed analysis of the two most numerous causes of death - heart disease and cancer.

In recent years the attention of the medical profession and the general public has been increasingly drawn to coronary disease as a frequent cause of sudden death, which strikes down men and women who have appeared to be healthy, and who in many instances were not aware that they suffered from heart disease. In coronary disease the blood vessels which supply the muscle of the heart itself become diseased as a result of which the blood supply to the heart muscle is interfered with and fails. This disease of the coronary arteries is part of the general pattern of disease which affects the arteries of the body from middle age onward, and comes under the popular description of "hardening of the arteries". Certain features about coronary disease are difficult to understand or explain. It is for instance more common in those whose occupation involves mental strain and worry, and less common in those whose occupation involves physical exertion. It would therefore appear to be, like peptic ulcer, a disease brought about by the worry, stress and the increased tempo of modern civilized conditions. Much research work has been done and is being done to find out why mans arteries, and particularly his coronary arteries, should degenerate, become diseased and fail long before his other tissues have worn out. Whilst certain facts are known, and certain deductions are possible there is at present no real answer to the problem of coronary disease which continues to take its tragic toll in sudden death. It can be seen from the figures in Appendix 2 that during 1952 coronary disease caused 30% of all deaths from heart disease in this Area.

In a world where many of the diseases which formerly caused early or untimely death have been greatly reduced in numbers, cancer stands out in sharper relief as a very potent cause of death. In this Area it was during 1952 second in the list of principal causes of death, accounting for 14% of all deaths during the year. Of the clearly defined cancers that affecting the stomach was numerically greatest, but the less well-defined cancers which appear in Appendix 2 under the heading "various other cancers" were responsible for the greatest number of deaths. In recent years there has been a definite increase in the mortality from cancer. Some of the increase is real that is due to an actual increase in the incidence of cancer, whilst some of it is apparent, that is due to better diagnosis and recognition of disease which previously went unrecognised. Coincidental with this increase in cancer mortality the whole subject has been receiving greater attention from medical and scientific workers and a great deal of research has been and is being carried out into possible causes of cancer. If and when these causes are uncovered it is reasonable to hope and believe that effective remedies will be found, but up to the present the causes of cancer remain largely hidden. Not un-naturally the subject of cancer is one which interests the general public and one which tends to receive an increasing amount of publicity in the press and in periodicals. As to whether this publicity is a good thing it is difficult to say, and opinions are divided on the matter. It would perhaps be fair to say that the publication of bare statistics without comment or explanation would not be wise, tending to create an unreasoning fear of the disease. If the general public is to be informed about cancer, such information must be conveyed in the most careful and tactful manner, and even then, it may not be possible to avoid creating in some individuals a "cancerphobia" with all its attendant unhappiness. What we really want to get across to people is the fact that much cancer is curable if it is taken in hand in its early stages. Whether this can be done without causing undue alarm, and worry is something on which it is most difficult to form a reliable judgement. Probably nothing short of experimental cancer education campaigns would yield reliable information on the subject. As far as this Area is concerned there is perhaps some small comfort in the fact that over the past five years there has been no real increase in cancer mortality, and in fact the figure for 1952 is slightly below the average annual figures for the period 1948-1952.

In 1952 the incidence of notifiable infectious disease was low, the total of 234 cases being the lowest recorded in the five years 1948-1952. The diseases which normally cause large fluctuations in yearly totals - measles and whooping cough - were not very active in 1952. Of the more serious infectious diseases there was one case of diphtheria in an unimmunised adult, one fatal case of encephalitis in a 12 year old boy, and two non-fatal cases of meningococcal meningitis in young children. In a year in which the incidence of poliomyelitis in England and Wales was above the average we were fortunate in having no cases of this disease in this Area. In connection with poliomyelitis it is encouraging to be able to report that as a result of intensive research work, principally in America, the prospect of preparing a vaccine to prevent the onset of poliomyelitis is brighter. It is as yet much too early to say whether the solution to the control of poliomyelitis is in sight, but we have good hopes that it is not too far away. I am also glad to be able to report that a vaccine to protect against whooping cough was made available towards the end of the year. Although it may not have the spectacular success which attended the use of ante-diphtheritic vaccine we hope it may reduce the incidence and severity of whooping cough amongst children. Whilst on the subject of protective inoculation, may I add my voice to those who have warned of the danger of becoming careless or indifferent about having young children protected against diphtheria. Many young parents have hazy memories of the disease, and because it seldom rears its ugly head in their midst, they may become confirmed in the belief that diphtheria has disappeared from the world and there is no need to have their children protected against it. It cannot be repeated too often or with too much emphasis, that unless the immunity of young children against diphtheria is maintained by timely immunisation this disease will again come amongst us to reap its tragic harvest of young lives.

Families, who by their social behaviour, leading as it does to the placing of uncommonly heavy demands on social services, are not inappropriately known as "problem families". The great majority of these families are characterized by mental subnormality, coupled with a fine disregard for the rules of life and conduct which govern our highly organised society. Of the parents the father is capable of low-grade or unskilled work only, and may often be irregularly employed or unemployed. The mother is usually a hopeless manager and housekeeper who soon gives up the unequal struggle against the filth and squalor which she and her family create all about them. A considerable part of the family income is spent on tobacco and alcohol, and the remainder is frittered away by poor domestic economy. When first encountered the state of the family may be ascribed to poor housing conditions, but a transfer to a better house with reasonable amenities make little difference to the mode of life of a true problem family. On the contrary the increased rent of such a house lays upon them an increased burden which most of them cannot or will not carry. Add to this the damage and delapidation they cause in the house, and the sense of resentment their presence engenders in their more normal neighbours, and it is not difficult to appreciate the reluctance of housing authorities to accept these families as tenants. It appears that if these families, and particularly the children are to be helped, and rehabilitated, something in the nature of a team of social workers is needed to go into the home, and there working with, and virtually becoming a part of the family to endeavour to raise the standard of life and conduct of the family to something approaching normality. Such teams or family service units have been formed, and used in large urban communities and they appear to have achieved some success. Obviously they could not operate so effectively in a thinly populated area mainly rural in character, and it is therefore fortunate that in such areas problem families are not so numerous, nor have their members the same opportunities for indulging in serious crime or juvenile delinquency.

As a matter of interest there are in this Area about 30 families who provide in greater or less degree some problem to our social workers which calls for frequent visiting, and much effort to improve and educate them to a better standard of life for themselves, and a better standard of behaviour towards the rest of the community. Progress can be and often is painfully slow, but we always hope for better things from the growing generation of these families, and here and there our hopes are rewarded. One thing beyond doubt is the necessity to continue helping even the worst and most hopeless of these families. To abandon them to their own devices is to add further to the numbers who batter and exploit the resources of modern society.

The welfare of old persons continued to cause some anxiety during 1952. Several cases of old persons living alone in squalid and insanitary conditions came to my notice during the year. In some cases the old persons were persuaded to accept accommodation in a hospital or institution where they could be cared for, and in other cases assistance provided by relatives, home helps, and the district nurse enabled them to remain at home, where living under reasonable if not ideal conditions they were much happier. It has been said that in modern times old people are being left a great deal to fend for themselves as far as care and assistance from relatives is concerned. This is unfortunately true in many cases and is an inevitable result of the state of mind which the Welfare State creates in many people, in consequence of which they believe that the state is able and willing to take over their personal cares and responsibilities. On the other hand we must in justice take cognizance of the genuine difficulties which prevent many well-intentioned people from caring for their old relatives. One of these is the physical separation, sometimes by long distance, between old people and their kin. This is one of the results of easy travel and the tendency of younger people to move away from mainly rural areas to larger centres of population. Another difficulty encountered in these cases is the friction and dissension which results from the differing outlook of old people and their younger relatives, and here it must be admitted that some old persons can be extremely cantankerous, and make unreasonable demands on those who endeavour to care for them. I do not wish to over-emphasise or dwell unduly on these shortcomings and the difficulties they create, but I think it only right that they should be known. If all that one might wish to do for old people in the closing years of their lives is not always done, the blame cannot always be placed on those who may have tried to help. A great many old people are happy living alone, and manage very well with a little outside assistance. In some cases however the failing capacity, part mental, part physical, of old people to care for themselves manifest itself in the falling of their living standards. Their houses become verminous and insanitary and they themselves become filthy in person and habits. They moreover suffer from malnutrition because of their inability to prepare proper meals for themselves, whilst their dependence of paraffin oil for heating and lighting creates a considerable danger of fire for themselves and their neighbours. Such are the pathetic cases of old persons which come to my notice, and in which I am forced to intervene to persuade them to accept outside help or to move into a hospital or institution where they will be cared for. Where persuasion fails I am empowered to bring the case before a Court of Summary Jurisdiction where if the Bench thinks fit an order for the removal of the old person may be made. I personally do not like this procedure, involving as it does the removal of the liberty of the subject but as an official I should feel bound to make use of it if I should encounter a person who proved unreasonable about the conditions under which they lived. I am glad to say that during 1952 I had no reason to take any such case before the Bench, although in some cases I was driven very close to having to do so, and I feel that sooner or later the necessity for this course of action will arise.

The provision of adequate housing still continues to be of prime importance in promoting and advancing the health and happiness of this community. It is true that the very heavy demand of the years immediately after the war has ceased, especially in the two Rural Districts in this Area, but in the Boroughs and Urban District the demand for rehousing continues to be heavy. In this Area, the relatively limited size of the building industry has restricted the amount of new building which can be undertaken but within these limitations all the District Councils concerned have done their best to satisfy existing demands.

As far as water supply was concerned the main development was the completion of the trunk main from St. Cleer to Polruan. This will put an end to the severe water shortage which in the past has made life in the summer months so uncomfortable in this popular holiday resort, and in addition will solve the water supply problem at some places along the line of the main notably Dobwalls, where a start can now be made in providing some new houses. The next step in this comprehensive scheme would appear to be construction of intake works on the River Fowey, and the provision of a new main from these works to enlarged treatment works and storage reservoirs at St. Cleer. When this is done there should be ample pure water available to serve all the needs of the surrounding area for many years to come, and it will then be possible to consider extending piped water supplies to many villages, hamlets and farms which are badly in need of such supplies.

With the development of water supplies the need will soon arise for more satisfactory systems of sewage disposal. Because of the high costs of providing such systems progress must necessarily be slow, and in consequence the two Rural Districts, in which the principal demand for this service exists, have agreed on a scheme of priorities for the carrying out of this work. Other things being equal, places suffering the greatest nuisance from existing unsatisfactory methods of sewage disposal, are given the highest priority. This means that smaller villages and hamlets, where the extent of the nuisance is less will have to be patient and await their turn, perhaps for some years, since the provision of proper facilities is at present a slow, and expensive matter. During the year 1952 the main active work on sewage disposal was at St. Cleer in the Liskeard Rural District Council, though much time, and thought was given to the preparation of schemes in the St. Germans and Liskeard Rural District.

I trust that the foregoing paragraphs will give some general idea of those aspects of Public Health work in this Health Area which have interested me and in some respect caused me concern during 1952. My general impression of the year is one in which the health of the community has been about average, and in which there have been no outstanding losses or gains, and I think we can rest reasonably content if not completely satisfied with this result. From a purely personal point of view the year was for me very satisfactory in the cordial relations which existed between members, and officers of District Councils and myself, and I should like to take this opportunity of thanking all those who have helped me and co-operated with me during the year 1952.

I have the honour to be,
Mr. Chairman, Ladies and Gentlemen,
Your obedient Servant,

(Signed) P.J.FOX.

Medical Officer of Health.

ST. GERMANS RURAL DISTRICT.

Area of Rural District	48,433 acres
Population (Registrar Generals Estimate)	16,710
Number of Inhabited Houses	4772 (1951) 4,804
Rateable Value of Rural District	£62,326. 10. 0.
Product of Penny Rate	£ 251. 9. 9.

Vital Statistics for 1952.

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Live Births	122	129	251
	<u>St.Germans R.D.</u>	<u>Health Area No.7.</u>	<u>England & Wales.</u>

Birth rate per 1000 of population	16.67	13.86	15.30
-----------------------------------	-------	-------	-------

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Still births	1	1	2
	<u>St.Germans R.D.</u>	<u>Health Area No.7.</u>	<u>England & Wales.</u>

Still birth rate per 1000 of population	0.12	0.32	0.35
---	------	------	------

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths	111	124	235
	<u>St.Germans R.D.</u>	<u>Health Area No.7.</u>	<u>England & Wales.</u>

Death rate per 1000 of population	10.97	13.25.	11.30
-----------------------------------	-------	--------	-------

Deaths Attributed to Pregnancy, Childbirth and the Puerperal State.

One death was registered under these heads.

	<u>St.Germans R.D.</u>	<u>Health Area No.7.</u>	<u>England & Wales.</u>
Maternal mortality rate per 1000 total births	3.95	2.64	0.72

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths of Infants under One Year of Age	2	8	10
	<u>St.Germans R.D.</u>	<u>Health Area No.7.</u>	<u>England & Wales.</u>

Infant mortality rate per 1000 live births	39.84	36.39	27.60
--	-------	-------	-------

Principal Causes of Death at All Ages.

Heart disease	79
Cancer (all sites)	33
Cerebral vascular lesions ("stroke")	29
Respiratory disease	20
Circulatory disease	16
Genito-urinary disease	7
Accidents	7
Suicide	4
Digestive disease	3

Average Age at Death

<u>Males</u>	<u>Females</u>
70.01	66.77

The foregoing statistics show that on the whole the standard of health in the Rural District was up to the average of the surrounding district and England and Wales. The birth rate was above the national figure, the still birth rate, and the death rate below the national rate. The maternal mortality rate was high although only one maternal death was involved. The infant mortality rate was moderately raised. As far as principal causes of death were concerned, heart disease was again at the head of the list. Cancer which in 1951 was third in order of prominence, moved up to second place in 1952, although it caused 5 less deaths in 1952 than in the previous year. The average age at death was lower in females than males, an unusual reversal of position obtaining in all other districts in this Health Area.

Infectious Disease.

In 1952 the total number of cases of infectious disease notified was 64. This is the lowest total for many years - certainly since 1947. Of notifiable infectious disease measles, whooping cough and pneumonia were most numerous. Of the more serious infectious diseases there was one case of meningococcal meningitis, and one case of acute encephalitis, but neither had a fatal outcome. One three month old child died from whooping cough. The following are details of actual cases and case rates in 1952:-

Rates per 1000 of population.

<u>Disease</u>	<u>Cases</u>	<u>St. Germans</u> <u>R.D.</u>	<u>Health Area</u> <u>No. 7.</u>	<u>England and</u> <u>Wales.</u>
Measles	20	1.20	1.96	8.86
Whooping cough	20	1.20	0.82	2.61
Pneumonia	15	0.90	0.92	0.72
Erysipelas	5	0.30	0.22	0.14
Meningococcal meningitis	1	0.06	0.04	0.03
Acute encephalitis	1	0.06	0.02	not stated
Dysentery	1	0.06	0.02	not stated
Food poisoning	1	0.06	0.13	0.13

Tuberculosis.

During 1952 new cases of respiratory tuberculosis notified totalled 9, and 3 new cases of non-respiratory tuberculosis were notified. This represents a small improvement as compared with the previous year when the totals were 9 and 5 new cases respectively. The highest incidence of cases - 7 in all - was in the 15 - 45 year age group. There was one death from tuberculosis during the year. At the end of 1952 there were 80 cases of respiratory tuberculosis and 14 cases of non-respiratory tuberculosis known to be resident in the Rural District.

The following are details of new cases, deaths, case rates, and mortality rates during 1952:-

<u>Age Group</u>	<u>New Cases.</u>		<u>Deaths.</u>	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
0 - 1	-	-	-	-
1 - 5	-	-	-	-
5 - 15	2	1	-	1
15 - 45	4	3	-	-
45 - 65	2	-	-	-
65 and over	-	-	-	-

	<u>Rate per 1000 of population.</u>		
	<u>St.Germans R.D.</u>	<u>Health Area No.7.</u>	<u>England & Wales.</u>
New cases	0.72	1.01	Not stated
All cases	5.63	5.62	Not stated
Deaths	0.06	0.11	0.24

During the year 39 susceptible contacts of tuberculosis were given B.C.G. vaccination and thereby gained some immunity against the disease, whilst 3 susceptible contacts refused B.C.G. vaccination. About 90% of these susceptible contacts were children below the age 15 years.

National Assistance Act, 1948.

No action under Section 47 of this Act was called for during 1952.

Water Supply.

Almost all of the Rural District has an ample supply of filtered treated water from the mains of the South East Cornwall Water Board. The only difficulties encountered were those arising from old and worn-out distribution mains needing renewal, and during the year a considerable amount of replacement of such old distribution mains has been undertaken. The quality of the water supplied has at all times been beyond reproach.

Sewerage and Sewage Disposal.

Whilst no schemes of sewerage and sewage disposal were under active construction during the year much time and thought was given to the preparation of schemes. In particular the scheme for the town of Callington made good progress and I hope that before 1953 is over we may see something of the beginning of work of this scheme. Sewerage schemes for St.Germans and Quethiock will almost certainly be under construction during 1953.

Food.

Routine inspections of premises in which food is handled, prepared and served, have been made during the year. In addition where circumstances required, special inspections have been made.

Food Poisoning.

One case only was reported during 1952. As is usual in sporadic cases of food poisoning, no definite cause or source of infection was discovered.

Clean Food Campaigns.

No such campaigns were undertaken during the year.

Housing.

Although during the year the number of new houses completed - 14 - was lower than in previous years much work was carried out on housing sites. At the end of the year 27 new Council houses were under construction and the total number of new houses provided since the end of the war had risen to 331. In addition 16 new private enterprise houses were completed, and occupied during the year.

Factories Act, 1937.

There are very few concerns in the Rural District to which the provisions of this Act apply and no difficulties were experienced during 1952.

Report of the Sanitary Inspectors.

This report prepared by Mr.W.E.Grylls, M.R.S.I. and Mr.R.L. Williams, M.R.S.I. follows. I should like to take this opportunity of thanking Mr.Grylls and Mr.Williams for the ready help they have always given to me and for the spirit of co-operation which has characterized our association during 1952.

ST. GERMAN'S RURAL DISTRICT COUNCIL.

SANITARY INSPECTOR'S REPORT.

YEAR 1952.

WATER SUPPLY.

As visualised at the end of last year the installation of Boosters at various points along the mains of the South East Cornwall Water Board has resulted in the District having an adequate supply of water throughout 1952 and as in previous years it is evident by the number of applications received that people residing in the area have become increasingly interested in obtaining a mains supply. In all seventy-four additional services were provided from the Council's main comprising forty-two for domestic use, twenty-four for trade and eight for combined trade and domestic purposes and it is apparent that a position will soon be reached where 100 per cent of the district's population will be supplied with mains water.

During the year the Council have proceeded with their policy of developing their water supply system which as will have been appreciated from previous reports is already very comprehensive and the following schemes have been carried out:-

- (a) The construction of 1726 yards of 4" Spun Iron Watermain from Bake to Hessenford village where there is a population of some 160 persons who were previously dependent upon Well and unsatisfactory Spring water for drinking purposes. The carrying out of this scheme enables the Council to boast that there is now a main supply in every village and hamlet in the district.
- (b) The extension of the existing 3" main at St. Andrews Street, Millbrook, for a distance of 175 yards to supply a new private building estate upon which four dwellings have already been erected.
- (c) The provision of 150 yards of 3" main at Bealswood and a further 150 yards at Cox Park, in the Parish of Calstock, to supply approximately twenty-five properties previously without water. In addition 50 yards of defective main has been renewed at Albert Terrace, Drakowalls.
- (d) The renewal at Polbathic of a further 100 yards of 3" pipe.

Having such a large undertaking the Council quite naturally realise the significance of waste being reduced to a minimum and at Callington where trouble has been experienced in this direction for many years a scheme for the complete renewal of the whole distribution system estimated to cost some £11,500 has been prepared and approved by the Ministry of Housing and Local Government and at the end of the year the laying of over 1,000 yards of new pipe lines had already been completed.

Regular sampling of water supplied by the Water Board and Council has been carried out and all bacteriological samples have been taken from private sources and where pollution was evident in most instances these have been replaced by a mains supply.

SEWERAGE AND SEWAGE DISPOSAL.

Considerable progress on the preparation of details for the Callington Sewerage Scheme has been made during the year and it is pleasing to be able to report that all necessary plans and sections have been prepared and submitted to the Cornwall County Council and River Board prior to submission to the Ministry of Housing and Local Government which it is hoped will have the opportunity of examining the scheme early in the coming year.

Seaton Sewerage Scheme serving a population of some three hundred has now been completed and has been working most efficiently for some ten months. All householders in the locality have gladly connected their house drainage systems to the new sewers and the numerous cesspools and tank outfalls which existed previously and gave rise to nuisance have now been abolished. The scheme was undertaken by the Council jointly with Liskeard Rural District Council and has resulted in the provision of much improved amenities in the Seaton area and made way for development on a much bigger scale than could ever have been contemplated previously.

The Sewerage Schemes for both the villages of St. Germans and Quethiock have now reached the stage where tenders can be invited for the execution of the work and it is anticipated that if not finished both schemes will be well in hand by the end of next year. Their completion will make available Water Carriage Sanitation to about seven hundred inhabitants who have waited very patiently for many years for facilities which would enable them to improve the living standards in their dwellings.

During the year an 80 yards extension has been made to the Sewerage System at Cremyll to make provision for a new Public Convenience, the erection of which has been approved by the Ministry. In addition an extension by some 50 yards of the Sewer in Pillaton village has made way for the satisfactory drainage of a Farm House and four cottages. Two very defective Sewer Outfalls at Southdown, each 80 yards in length have also been reconstructed.

Besides proceeding with the above the Council have had under active consideration the sewerage of the remainder of the district and have resolved that schemes for the villages of Hessenford, Landrake, St. Ann's Chapel and Harrowbarrow be prepared, as well as improvements to existing works undertaken.

REFUSE COLLECTION AND DISPOSAL.

The service continues to function smoothly and at the beginning of the year the Council purchased a new Bedford 7 cub.yd. lorry to replace the Karrier Bantam in use previously. Following this the purchase of a Trailer for the new lorry resulted in considerable saving in manpower and time and provided a more efficient service at considerably reduced cost. The above appliance is now centred on Millbrook where the land reclamation referred to in last year's report is progressing most favourably, about 1.5 acres now having been reclaimed from the ultimate objective of 17 acres. Although at the beginning a minority raised objection to refuse being utilised for filling they are now appreciating the efforts being made by those concerned and are looking forward to the time when the whole area can be developed as a Playing Field.

In the Northern part of the area centred on Callington a 10 cub.yd. Bedford Vehicle is employed upon refuse collection and serves a population of some 10,000. Disposal in this part of the district is effected by means of controlled tipping.

The majority of the district's population have at their disposal a weekly refuse collection and in the villages of Kingsand, Cawsand and Millbrook they are fortunate to receive two visits weekly. Such a service for a scattered and geographically difficult rural area must be considered to be very creditable.

In addition to the above the Council undertake Street Cleansing and Scavenging in the larger built-up areas of the district and in all are responsible for some ten miles of roads. The work is undertaken by arrangement with the County Highway Authority and a labour force of some eight men are constantly engaged upon the Refuse Collection and Street Sweeping services.

PUBLIC CONVENIENCES.

During the year approval has been given to a tender for the erection of a Public Convenience for both sexes at Cremyll and it is intended that it should be available for use in the summer of 1953.

At Portwrinkle, referred to in last year's report, it has been necessary to seek a Compulsory Purchase Order for the acquisition of the land and as the result of a local Inquiry the Council have been upheld and plans for the erection of the structure are now well in hand.

At Seaton, where it is intended to also erect a Convenience, owing to circumstances beyond the Council's control, a site has not been decided upon. It is anticipated, however, that agreement will be reached in the very near future.

The ten existing Conveniences in the area have during the year received the necessary attention to enable them to be maintained in a high standard of efficiency which is of paramount importance in the interests of health generally.

HOUSING.

Progress has continued to be made in this sphere during the year particularly in regard to Site Development Works, the completion of which were long overdue and necessary. Generally speaking the greater majority of tenants are satisfied and it is apparent that the amenities provided on the Council's sites are superior to those of most Local Authorities perhaps with the exception of some of the larger Cities and Towns.

The number of new houses completed during the year was:-	14
Number under construction at 31st December, 1952, was:-	27
Number approved but not commenced was:-	41

The Council's total Post-War housing commitments now total 399 at the end of the year, 331 of which are completed, which together with the 130 houses erected Pre-War means an ultimate total of 529 houses.

Every encouragement has been given to private enterprise building and in the current year twenty-five licences have been issued and sixteen new dwellings erected and occupied, which with those erected and completed under licence from the Ministry of Works and provided by Conversions, make the Post-War total to sixty-four with sixteen still under construction.

The number of licences issued during the year for the repair and maintenance of existing dwellings total forty-one to the value of approximately £9,052. Compared with last year's figures these show an increase. Taking into account the fact that licensing restrictions were eased by raising the free building limit from £100 to £500 and that the number of schemes thus requiring licences were very substantially reduced, it is quite apparent that the volume of repair work undertaken showed a definite increase due to the change in licensing procedure which gave the individual property owners considerably more freedom than they had had for many years past.

MEAT, MILK AND OTHER FOODS.

Conditions generally throughout the whole district have remained satisfactory, although there have been isolated instances where individual retailers have not maintained the high standard demanded and expected. In each case the main complaint has been lack of proper storage facilities and a tendency to neglect the principles of handling and storage of foodstuffs held as stock. Happily, shopkeepers have readily co-operated to remedy this and the response of retailers generally has been most encouraging.

No enforcement action under the Milk and Dairies Regulations has been found necessary, and all premises registered under Section 14 of the Food and Drugs Act have been satisfactorily conducted.

